

2010 MAR - 1 PM 5:12

A Public Document

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Alquist	Elaine		
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE
			ZIP CODE
			OPTIONAL: E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

State Senate

Division, Board, District, if applicable:

13

Your Position:

Senator

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: California Seismic Safety Commission

Position: Senate Representative

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: _____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is _____, through December 31, 2009.

☐ Leaving Office Date Left: _____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is _____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 2

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/1/10

Signature

SCHEDULE D
Income – Gifts

Name

Elaine Alquist

► NAME OF SOURCE

Senator Gilbert Cedillo

ADDRESS (Business Address Acceptable)

State Capitol, Room 5100, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Legislator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 16 / 09	\$84	Flowers

► NAME OF SOURCE

Mayor Gavin Newsom

ADDRESS (Business Address Acceptable)

San Francisco City Hall, Room 200, San Francisco,

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Mayor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 23 / 09	\$98	Flowers

► NAME OF SOURCE

San Francisco 49ers

ADDRESS (Business Address Acceptable)

400 Jamestown Ave, San Francisco, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional Football Team

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 4 / 09	\$129	Football ticket

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)

Comments: